

U.S. Department of Education

Dominican Republic

Prepared October 2012

Background

In October 1997 the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Dominican Republic to evaluate medical education programs leading to the M.D. or equivalent degree were comparable to standards of accreditation used to evaluate medical education in the United States. The NCFMEA reaffirmed its prior determination of comparability in March 2004.

Subsequent to the March 2004 meeting, the NCFMEA has requested reports from the country regarding various issues of concern. At its fall 2008 meeting, the NCFMEA requested a report from the Dominican Republic on two outstanding issues: collection and analysis of student outcome measures, and data regarding student retention. The Committee reviewed the country's response to these two issues at its spring 2009 meeting when the country testified regarding its ongoing effort to obtain these data, which they were not able to provide in spring 2009.

NCFMEA meetings were subsequently held in abeyance pending reappointment of the Committee members. The Dominican Republic submitted its petition for continued comparability for review at the Committee's spring 2011 meeting, but provided incomplete and inconsistent information regarding its processes for reviewing medical education. Therefore, the NCFMEA deferred its decision to reaffirm its prior determination that the standards and processes used to accredit medical schools in the Dominican Republic are comparable to those used to accredit medical schools in the United States, and requested additional information and documentation for review at the Fall 2012 NCFMEA meeting. The country's submission of additional information and documentation is the subject of this analysis.

Summary of Findings

Based on the information provided, it appears that the Dominican Republic has made changes to its standards and procedures to conform with NCFMEA guidelines, for example, with regard to the role of medical school faculty in admissions, curricula, and hiring decisions; the provision of student services; and the resolution of student complaints. The country has also provided more comprehensive information on its process for reviewing medical schools, and

has made significant changes to its written procedures that guide its review of medical schools to conform with NCFMEA guidelines as well.

As evidenced by the country's submission and documentation, the country has provided all the information previously requested by the NCFMEA. It appears that the country's processes and standards are comparable to standards of accreditation used to evaluate medical education in the United States.

The country has also provided two sample accreditation site visit reports as well as pass rates for the USMLE going back to 2009. The country states that it has recently established benchmarks for retention rates and passage rates on its National Exam of Medical Residencies and applies its established benchmarks as part of its determination to grant accreditation to medical schools. Notably, students from the United States who study in the Dominican Republic do not take the national exam. The country has also provided data on residency placement data as requested by the Committee.

Staff Analysis

PART 1: Entity Responsible for the Accreditation/Approval of Medical Schools

Approval of Medical Schools, Question 1

Country Narrative

N/A

Approval of Medical Schools, Question 2

Country Narrative

N/A

Approval of Medical Schools, Question 3

Country Narrative

N/A

Accreditation of Medical Schools

Country Narrative

N/A

Part 2: Accreditation/Approval Standards

Mission and Objectives, Question 1

Country Narrative

N/A

Mission and Objectives, Question 2

Country Narrative

N/A

Mission and Objectives, Question 3

Country Narrative

N/A

Mission and Objectives, Question 4

Country Narrative

N/A

Mission and Objectives, Question 5

Country Narrative

N/A

Governance, Question 1

Country Narrative

N/A

Governance, Question 2

Country Narrative

N/A

Administrative Personnel and Authority, Question 1

Country Narrative

N/A

Administrative Personnel and Authority, Question 2

Country Narrative

N/A

Administrative Personnel and Authority, Question 3

Country Narrative

N/A

Chief Academic Official, Question 1

Country Narrative

N/A

Chief Academic Official, Question 2

Country Narrative

N/A

Faculty

Country Narrative

The National Standards for the Approval, Regulation and Accreditation of Medical Schools (EXHIBIT 1) from now on National Standards, as well as regulations from MESCYT (EXHIBIT 2: Regulations of Higher Education Institutions, p. 17 Chapter VII, art. 51; Regulations for Academic Programs, EXHIBIT 3, Chapter IV, arts. 28, 30, 32, 33), as well as universities' regulations (EXHIBIT 4, Excerpt of Regulations for Academic Personnel from UCNE, Chapter 2, art. 2.1, 2.2, 2.3, 3, 3.1, 3.2) refer to faculty role in academic and administrative processes and decisions. However, since the 2010 National Standards for the Approval, Regulation and Accreditation of Medical Schools did not explicitly prescribe the role that faculty should play in decisions regarding hiring, retention, promotion, and discipline of faculty, the Ministry of Higher Education, Science and Technology has incorporated the following Standard, as an amendment p. 26-27 (Chapter 22, letters g and h, of the 2012 National Standards for the Approval, Regulation and Accreditation of Medical Schools, EXHIBIT 1):

CHAPTER 22: OF THE FACULTY

h. Faculty must participate in the recruiting, hiring, retention, promotion and discipline processes of professors, for which the institution shall create formal mechanisms of participation (committees that operate and document its processes and decisions).

Faculty participation in curriculum design and evaluation processes is prescribed in p. 27, Chapter 22, letter g of the National Standards:

g. Faculty must participate in the design, implementation and evaluation of the curriculum. Professors are responsible for the implementation of the curriculum and must be supervised by the qualified school personnel for such purpose.

Faculty participation in the admission process is described in p. 24 Chapter 18, letter g of the National Standards:

CHAPTER 18, ADMISSIONS AND REGISTRATION, SECTION 18.1, ADMISSIONS

g. In addition to the Director of the Admissions Department, there must be an admission committee with representation of the Medical School by the person who manages such department or in whom such functions are delegated, with representation of faculty, who, review applications of candidates for admission.

The Department of Medical Education reviews documentary evidence that supports faculty participation in these processes during the evaluation of Schools, as well as in follow up visits:

1. Admissions Committee Records, Instituto Tecnológico de Santo Domingo, INTEC (EXHIBIT 5)
2. Curriculum Committee Records, Universidad Iberoamericana, UNIBE

(EXHIBIT 6)

3. Faculty Hiring Committee Records, Universidad Católica Nordestana, UCNE
(EXHIBIT 7)

4. Preliminary Report of Universidad Central del Este, UCE (EXHIBIT A-3, p. 55 and 56)

5. Preliminary Report of Universidad Católica Nordestana, UCNE (EXHIBIT B-3, p. 56)

Analyst Remarks to Narrative

The country has stated in its narrative that since the implementation of its standards in 2010, it has amended a standard that requires faculty to be involved in the hiring, retention, promotion, and discipline processes of faculty, and the design, implementation, and evaluation of the curriculum. The country has also amended a standard that requires faculty participation on admissions committees.

The country has provided documentation from medical schools documenting the schools' compliance under the Ministry's requirements.

Remote Sites, Question 1

Country Narrative

Though the previous response appears to be complete, the Dominican Republic wishes to comment on this question.

A remote site is a terminology that is interpreted in the Dominican Republic as either separate campus or internship rotation. We do not include in our laws and regulations a provision for outside of national boundaries recognition or authorization of an educational entity. Therefore, Dominican Republic does not recognize a remote facility where instruction takes place outside of its national boundaries.

A medical school can have a geographically separated campus away from its main campus within national boundaries, but it must have all required components of a medical school at that campus and, though recognized as separate, it must be a complete medical school to receive authorization.

However, in order to receive accreditation, the school must be complete and in operations for two years before it can apply for accreditation. Denial of accreditation does not necessarily mean the school has immediately lost its authorization. It may receive a period of time to solve its shortcomings and request accreditation. If it does not attain accreditation after this time frame, it will lose usually its authorization.

Analyst Remarks to Narrative

The country has stated in its narrative that it does not recognize medical education that is provided outside of its national borders. The narrative further states that a medical school may have a geographically separated campus, but that the school must have all required components of a medical school at the separate campus. The country provided documentation evidencing the accreditation of the pre-medical programs of two different campuses.

Remote Sites, Question 2

Country Narrative

Universities may be authorized to offer their pre medical program separately, or part of its medical education program at geographically separated locations, only if they have been previously authorized by CONESCYT, who after reviewing a comprehensive report by MESCYT stating that the sites have been visited and that the standards regarding faculty, facilities, administrative structure, curriculum and students' evaluation policies are comparable to the main campus.

Example; Universidad Autónoma de Santo Domingo, UASD, had two remote sites where they wanted accreditation recognition to offer a medical program (Centro Universitario Regional del Nordeste –CURNE- and Centro Universitario Regional de Santiago-CURSA).

The visit by the Accrediting agency determined that neither of these facilities was in accordance with accreditation standards, and therefore accreditation of these programs was denied. However, the school's pre medical program did meet the standards of accreditation, and the program was approved for this level. It is a pre requisite of a medical program.

P. 24, Chapter 24 of the national standards (EXHIBIT 1) prescribes requirements that must be met by medical schools regarding remote sites:

If a Medical School main campus is undergoing an evaluation, be it for authorization or accreditation, MESCYT, through the Department of Medical Education, also supervises and evaluates these remote sites to ensure that the quality of education at geographically-separated sites are comparable to the main campus, and that students are evaluated in a comparable manner.

CHAPTER 24: FACILITIES GEOGRAPHICALLY SEPARATED

- a. Components of the program carried out in campuses or premises geographically separated from the central campus of the university where the School of Medicine operates, shall be the responsibility of the school; therefore it shall ensure that the functioning of these campuses are adequate, meet its objectives and specific standards so that quality of the education offered is guaranteed.
- b. Basic Sciences and clinical sciences cycles shall only be taught in the

campuses with Schools of Medicine previously authorized and/or accredited by the MESCyT.

c. Premises geographically separated shall be supervised by the Medical Education Department of the MESCyT.

Evidence:

CONESCyT's resolution accrediting UASD and authorizing the institution to offer pre medical program at two remote sites, CURNE and CURSA, (EXHIBIT 8).

Analyst Remarks to Narrative

The country has provided the applicable chapter of its standards that require medical schools to ensure the functioning and quality of geographically separated locations. As stated in its narrative, the country requires all locations of a medical school to be accredited by the Ministry prior to instruction.

The country has also provided sample approvals of pre-medical portions of medical programs offered at two different medical school campuses, as evidence of the Ministry's review of geographically separated locations.

Program Length, Question 1

Country Narrative

N/A

Curriculum, Question 1

Country Narrative

N/A

Curriculum, Question 2

Country Narrative

N/A

Curriculum, Question 3

Country Narrative

N/A

Curriculum, Question 4

Country Narrative

N/A

Curriculum, Question 5

Country Narrative

N/A

Curriculum, Question 6

Country Narrative

N/A

Curriculum, Question 7

Country Narrative

N/A

Clinical Experience, Question 1

Country Narrative

N/A

Clinical Experience, Question 2

Country Narrative

N/A

Clinical Experience, Question 3

Country Narrative

N/A

Supporting Disciplines

Country Narrative

N/A

Ethics, Question 1

Country Narrative

N/A

Communication Skills, Question 1

Country Narrative

N/A

Design, Implementation, and Evaluation, Question 1

Country Narrative

N/A

Design, Implementation, and Evaluation, Question 2

Country Narrative

N/A

Design, Implementation, and Evaluation, Question 3

Country Narrative

N/A

Admissions, Recruiting, and Publications, Question 1

Country Narrative

N/A

Admissions, Recruiting, and Publications, Question 2

Country Narrative

Q1: Faculty participation in the admission process is prescribed in Chapter 18, letter g. of the National Standards (EXHIBIT 1):

CHAPTER 18, ADMISSIONS AND REGISTRATION, SECTION 18.1,
ADMISSIONS, LETTER G:

g. "In addition to the Director of the Admissions Department, there must be an admission committee with representation of the Medical School in the person who manages such department or in whom such functions are delegated, with faculty representation, which, after having met the predetermined quorum, shall review the applications of interested parties in order to make a decision".

The National Standards (EXHIBIT 1) prescribe that schools must develop criteria and procedures for the selection of students, which must be available to potential applicants for review:

Page 23, CHAPTER 18, SECTION 18.1:

c) "The admission process should be regulated and documented, and the requirements to be fulfilled by applicants must be presented in both hard copy and/or digital format".

MESCyT establishes the following requirements to be admitted to higher education programs (see EXHIBIT 2, Regulations of Higher Education Institutions, Page 7, Chapter III, art. 12).

Article 12. The following documents are required to enroll into the National System of Higher Education:

- a) Birth Certificate or any other authenticated identity document or citizenship certificate for all levels.
- b) Photocopy of National Identity Card or Passport, if a foreigner, for all levels.
- c) High School diploma or technical level certificate.
- d) High School Certificate and Academic Transcript issued by the Ministry of Education.
- e) Certificate of Undergraduate Studies and Qualifications, authenticated by the MESCyT. These requirements shall be applied at the graduate level if the applicant comes from another institution of higher education.
- f) Dominican and foreign students holding a High School diploma from another country shall present the High School diploma or a similar document authenticated by the Dominican Consulate based on the country of origin or at the relevant jurisdiction.
- g) A Registration Form of Basic Information required by the relevant university, including data from the National Information System established by the MESCT

for all levels.

h) Application certificate of Admission Tests issued by the MESCyT for the associate's and bachelor's level.

i) Medical Certificate, for all levels.

j) These requirements are not excluded from other requirements of internal information that could be established by the institutions of higher education as part of their institutional policies.

Note: In addition to the national requirements, a medical school may request scores of standardized tests (for instance, MCAT), interviews, letters of recommendation, among others (EXHIBIT 9, Admission's requirements, UNIBE).

Q2: In addition, according to the National Standards (EXHIBIT 1, Page 23-24, Chapter 18, section 18.1, letter e) applicants must meet both national (determined by MESCyT) and institutional requirements in order to be admitted to medicine schools:

CHAPTER 18, SECTION 18.1, LETTER E

e) "In order to be admitted in the Medical School, all the students shall comply with the profile and admission requirements for the Medical Degree provided by the institution and by the MESCyT. In order to enter to the pre-medical cycle, is mandatory to be a high school graduate. In order to enter basic sciences, students must have completed and passed the premedical program or a Bachelor's Degree in sciences, with a minimum average of 2.5 based in the scale of four (4) points".

The students' profile is described in the National Standards EXHIBIT 1, Page 22 (Chapter 17.1).

17.1 ENTRANCE PROFILE

"As reference frame, a medical student shall have conditions, such as: intelligence, integrity, sense of duty, high humanitarian level, service aptitude, capacity of handling critical situations, respect for life; as well as ability to perform team work, ability to resolve problems, critical thinking, and commitment to ethical and moral principles.

When conducting evaluation of Schools, the Department of Medical Education analyzes randomly selected students records to ensure that these regulations are met. In each evaluation visit, personnel from MESCyT's Academic Control Department are responsible for this component of the evaluation, which is documented and included in the final report (see evidence below)".

Admission's standards that must be met by medical schools are described in EXHIBIT 1, p. 23-24 Chapter 18, section 18.1. These requirements must be published by medical schools.

Analyst Remarks to Narrative

The country has provided evidence of its revised standard that requires faculty representation on admissions committee to review admissions applications for the medical school. As stated in the country's standards, the country establishes standards for admission, but individual medical schools also prescribe additional admissions requirements. The country's requirements for medical school admissions include high school graduation, passage of the pre-medical program with a GPA of 2.5 or higher, and qualitative characteristics of medical school candidates.

Admissions, Recruiting, and Publications, Question 3

Country Narrative

N/A

Admissions, Recruiting, and Publications, Question 4

Country Narrative

N/A

Admissions, Recruiting, and Publications, Question 5

Country Narrative

The National Standards (EXHIBIT 1) establish in Page 10-11, Chapter 9: Academic Administrative Structure:

d) The School shall have a catalog including the mission, vision and objectives, profile of the entering student, admission requirements and documents, an academic and administrative structure, names of main officers, members of the faculty, graduates profile, program description and description of the courses or subjects, distribution of credits, hours of each subject or course, facilities (classrooms, laboratories, cafeteria, library, leisure areas, sports, others)”.

The Ministry of Higher Education, Science and Technology has incorporated the following standard (EXHIBIT 1) National Standards, p. 23-24

CHAPTER 18: ADMISSIONS AND REGISTRATION

18.1 ADMISSIONS

b. Publications of the Medical Schools (catalogs, web page, promotional material, etc.) shall present the mission and objectives of the academic program, entrance requirements, permanency and graduating, costs and rulings in a reliable manner. Information shall be available both in the official teaching

language, as well as in other alternate languages in which the program is taught.

During the accreditation on-site visits, and follow-up visits, if necessary, the evaluation committee reviews medical schools' publications to make sure they are complete, accurate and reliable (Preliminary Report of Universidad Central del Este, UCE (EXHIBIT A-3, page 44-45), and Preliminary Report of Universidad Católica Nordestana, UCNE (EXHIBIT B-3, page 45)

Analyst Remarks to Narrative

The country's standards require medical schools to have a catalog that states the mission, vision and objectives of the school; profile of the entering student; admission requirements and documents; academic and administrative structure; names of main officers; members of the faculty; graduates profile; program description and description of the courses or subjects; distribution of credits; hours of each subject or course; and facilities.

The country also has a standard under its admissions requirements that stipulate that medical school publications must present the program's mission and objectives, entrance requirements, and costs.

The country has provided preliminary reports for two medical schools that evidence the country's review under these standards.

Admissions, Recruiting, and Publications, Question 6

Country Narrative

- Students have access to their academic records.
- The Dominican Constitution, Page 17, art. 44 (EXHIBIT 10) guarantees the right to privacy:

Article 44.-The right to privacy and personal honor. Everyone has the right to privacy. Ensuring compliance and non-interference with privacy, family, home and correspondence of the individual. The right to honor, good name and reputation. Any authority or individual that violates or is obliged to compensate them repaired according to law.

The National Standards (EXHIBIT 1), p. 22, Chapter 17, letter d, states students' rights regarding their records:

- d. Students shall have access to their academic transcript, which shall be confidential. They shall be entitled to present any complaint before their institution.

Analyst Remarks to Narrative

The country's requirements stipulate that students have access to their academic transcript which also must be maintained by the medical school in confidence. The country has also provided its right to privacy law.

Student Achievement, Question 1

Country Narrative

N/A

Student Achievement, Question 2

Country Narrative

N/A

Student Achievement, Question 3

Country Narrative

N/A

Student Achievement, Question 4

Country Narrative

A) Standards regarding students and graduates performance outcome measures:

Page 19 and 22, Chapter 15, of the National Standards (EXHIBIT 1) currently presents detailed information regarding students' and graduates performance outcomes that must be recorded and analyzed by schools and submitted to MESCyT, as well as the data that must be included in the annual report:

CHAPTER 15: RESULT OF TRAINING PROGRAM.

15.1 EVALUATION OF THE PROGRAM AND GRADUATES FOLLOW UP

a. Medical Schools shall gather and use information/data on the performance of the students, during and after their training to demonstrate that the objectives of the education program are met.

b. In addition, formal processes of gathering and use of information of the students regarding the quality of courses and internships shall be established. This information shall be compiled through questionnaires, focal groups, among other tools.

15.2: STATISTICS

The process to be used to obtain statistical information of the Medical Schools of the Dominican Republic is described as follows: All medical schools shall report to the MESCYT, once per year, three months after completing the annual calendar, the information detailed as follows. Data shall be inserted into the information system of MESCyt to be processed and prepare the statistical report.

B) Collection of students and graduates performance outcome measures:

MESCYT requires that medical schools submit an annual report with data of students and graduates performance outcomes; reports are available since 2007 and have been submitted to the U.S. Department of Education. These reports include the following data: admissions, re-admissions and number of transferred students to medical schools; cross-over-students, withdrawals, suspensions and graduation. The report also includes USMLE passing scores, and scores of the National Exam of Medical Residencies, as well as information regarding residency placement of medical schools graduates.

See medical schools' reports for the years 2009, 2010, and 2011 are presented as evidence (EXHIBIT 11).

C) Analysis of the annual reports

Once MESCyt receives the annual report, the Statistics Department processes the data and sends it to the Department of Medical Education for analysis. All the data is analyzed for evidence of compliance of the standards; the outcomes currently used to determine whether to grant accreditation or approval to medical school, in addition to compliance with the standards are:

1. Passing rate for the National Exam of Medical Residencies: 60%
2. Retention rate: 65%

In case that the percentage of approval of medical school's graduates who took the National Exam of Medical Residencies in the corresponding year does not reach 60%, the Department of Medical Education at MESCyt begins a monitoring process that leads to visit the institution, assessment of the academic program, review of faculty qualifications and request of a corrective action plan.

This passing rate, along with retention rate and compliance with national standards, are the criteria currently used to grant accreditation or approval to that school.

The National Exam of Medical Residencies is a general exam for Doctors of Medicine (M.D.) applying for medical residencies in Dominican Hospitals; it is offered each year. The Exam includes the following areas: 1) basic sciences, 2) obstetrics-gynecology, 3) pediatrics, 4) internal medicine 5) surgery. It is

intended to obtain a priority score to choose specialty and hospitals, turning them into eligible to opt for a Medical Residency.

Analyst Remarks to Narrative

As prescribed by its standards, the country requires medical schools to demonstrate retention rates of 65% or better, and a pass rate of 60% on a national exam administered at the time that candidates apply for residencies. The country has been collecting such data since 2007, and has provided retention data and pass rates on the USMLE for academic years 2009, 2010, and 2011.

As stated in the country's narrative, medical schools that fall below the prescribed benchmarks, trigger a monitoring process that requires a site visit to the school, assessment of the academic program, review of faculty qualifications, and a request for a corrective action plan.

Note: As clarified during the NCFMEA meeting in October 2011, (see transcript portion attached), students from the United States that are studying in the Dominican Republic do not take the national exam.

Student Achievement, Question 5

Country Narrative

N/A

Student Services, Question 1

Country Narrative

The National Standards (EXHIBIT 1), as well as the Regulations for Academic Programs (EXHIBIT 3) p. 9 and 10, Chapter III, establishes the services that must be available to all students, as has been determined in the previous report.

EXHIBIT 1, The National Standards, p. 23 have been updated to include detailed information regarding students' services.

Analyst Remarks to Narrative

Chapter 17 of the country's standards stipulate that medical students have available the facilities necessary to ensure a quality education. The standards further prescribe that the institution in which the school is located, "have a Counseling Department directed by psychologists and professional counselors serving the student community in case of need. This is the department that shall provide services to students if such students are involved in situations affecting their student life, mainly behavior and performance." The standard states that

schools shall provide counseling on financial assistance, and that schools establish services to assist students in the selection of degrees, application to graduate programs and residencies, selection of elective courses and clerkships.

The country's regulations for academic programs also ensure that students have welcome programs and services, adjustment, orientation, learning support and participation methods to support their development and integrated formation; and that institutions provide students with services and programs to contribute to their wellbeing, and integrated formation, such as sports, artistic, cultural and recreational activities, among others.

As stated in the country's narrative, the country has made these recent changes to its requirements. Elsewhere in the country's submission, the Dominican Republic has stated that it plans to conduct its next comprehensive review of medical schools in 2013. The catalog excerpts provided do not include all of the country's requirements for student services (financial and career assistance), which may be a result of the recent changes to the country's standard.

Student Services, Question 2

Country Narrative

EXHIBIT 1, the National Standards, p. 23, establishes the following students' services that must be available at medical schools:

CHAPTER 17: OF THE STUDENTS

17.3 STUDENTS' SERVICES

- a. Students shall have access to health services (preventive, diagnostics and therapeutics, including mental health confidential counseling).
- b. Schools shall provide counseling on financial assistance and debt management counseling.
- c. Services to assist students in the selection of degrees, application to postgraduate programs and residencies, selection of elective courses and rotations shall be established.

The Department of Medical Education evaluates students' services provided by the medical schools during the evaluation process. See Preliminary Report of Universidad Central del Este, UCE (EXHIBIT A-3, p. 60) and Preliminary Report of Universidad Católica Nordestana, UCNE (EXHIBIT B-3, p. 60).

See students' services available at UNIBE (UNIBE's Catalogue, page 58 and 59. EXHIBIT 12-A) and UNPHU's Catalogue, Students service section, page 17 to 19 (EXHIBIT 12-B)

Analyst Remarks to Narrative

The country has a standard that states that, "Students shall have access to their academic transcript, which shall be confidential. They shall be entitled to present any complaint before their institution."

The country has further identified Chapter 17 of its regulations which it has recently added, and that stipulate requirements for the provision of student services.

Student Complaints, Question 1

Country Narrative

Q1: The policies and procedures used by MESCYT for investigating students' complaints are: (EXHIBIT 14)

Ministry of Higher Education, Science and Technology
MESCyT

PROCESS FOR THE HANDLING OF CLAIMS

- 1.The Higher Education Institution corresponding to the Medical School, shall have a clearly defined process to meet students' claims. The academic ruling shall provide the process to be followed by the students and appeals remedies to be available.
- 2.The MESCyT has established a process for Handling of Claims for higher education students of the Dominican Republic. Any student that has exhausted the claim process of the institution where studies are performed, may bring a claim process before the MESCyT.
- 3.Students become acquainted with the Ministry of Higher Education, Science and Technology through their Higher Education Institutions and upon performing document legalization steps, prior to the registration process.
- 4.Students complaints are channeled to the Minister of State of Higher Education, care of the Higher Education Vice Minister. The MESCyT has an internal commission set up to meet students claims, which is made up by:

- Vice minister, Vice ministry of Higher Education (permanent member)
- Legal Advisor of the MESCyT (permanent member)
- Director, Academic Control, MESCyT (permanent member)
- Representative of the higher education institution (temporary member)
- Representative of the department of the MESCYT to which the claim corresponds to (temporary member)

When the claim is related with the Health area, the Director of the Medical Education of the MESCyT shall participate in such commission.

5. As part of the procedure, both parties are separately summoned: the Higher Education Institution in question and the claimant; it is verified that the students have exhausted and complied the requirements provided in the Academic Ruling of the institution they pertain to.

6. Once both parties are heard, the Commission prepares a technical report with the conclusions and recommendations, which is addressed to the Office of the Minister of Higher Education, Science and Technology, MESCyT.

The Constitution of the Dominican Republic, Act 139-01 of Superior Education and its rulings shall be taken as documental basis for the technical report. When the complaint concerns the Medicine topic, the Rules for the Approval and Regulation of Schools of Medicine in the D.R. are reviewed. In matters regarding the institution involved, the different Rulings (Academic, Admission, Registration, Disciplinary, Students, Faculty, Internship) are reviewed, as well as the Studies Plan corresponding to the student, as well as other relevant documents.

7. The decision resulting from the file's revision and of the conclusions of the session carried out with both parties and the MESCyT's Committee may be in favor of the student (s), of the institution or the complaint may be dismissed due to lack of legal elements sustaining it.

Q2: Page 23, Chapter 17, section 17.4 prescribes the national standards (EXHIBIT 1) regarding how medical schools must address student complaints:

17.4 HANDLING OF STUDENTS COMPLAINTS

All Medical Schools shall have a clearly defined and written process to attend student's complaints. The regulation shall explain the process that the student must follow and the appeals process that is available.

Analyst Remarks to Narrative

Standard 17.4 requires all medical schools to have a clearly defined and written process for processing student complaints as well as an appeals process.

The Ministry also written procedures for complaints received by students who have exhausted the complaints process offered by the medical school and institution (Exhibit 14).

Student Complaints, Question 2

Country Narrative

Q1: MESCyT investigates complaints presented by students against medical schools; students are informed of this process through their schools' dean of students' offices, or related units.

Q2: In the previous report the following four complaints were filed and resolved this year.

1. Two different groups of students attending Universidad Central del Este (UCE) complained that the university was requiring USMLE Step1 approval as a requirement for internship. Students complained that this was not in the school's student regulations at the time they entered the medical school.

After receiving notification of the complaint, MESCyT's Internal Committee for the Review of Students Complaints was activated. The Committee met with the students and with the School's representatives (separately) to document the case.

The Committee determined that the university had indeed given prior notification and it was included in the medical school student regulations prior to their admittance. Therefore, the decision of the MESCyT Medical Department was in favor of the university.

2. A group of students from Universidad Tecnológica de Santiago (UTESA) presented a complaint to the Ministry of Higher Education, Science and Technology stating that they were not accepted to the clinical sciences cycle because they had not been vaccinated.

After receiving notification of the complaint, MESCyT's Internal Committee for the Review of Students Complaints was activated. The Committee met with the students and with the School's representatives (separately) to document the case.

The Committee determined that the university that the University action was in compliance with MESCyT's regulation requiring vaccination of medical students prior to admittance to clinical science.

3. A group of students from two geographically separated locations of Universidad Autonoma de Santo Domingo, UASD- Centro Universitario del Nordeste (CURNE) and Centro Universitario Regional de Santiago (CURSA)-, complained against CONECyT's determination to approve pre-medical studies at these facilities but denying accreditation and/or approval to offer basic science or clinical science cycles at these facilities.

After receiving notification of the complaint, MESCyT's Internal Committee for the Review of Students Complaints was activated. The Committee met with the students and with the School's representatives (separately) to document the case.

The Committee determined that CONECyT acted within regulations and standards of accreditation when it denied UASD's two extensions, CURSA and CURNE, approval to offer basic and clinical sciences cycles at that moment.

Analyst Remarks to Narrative

The country has written procedures that allow students to complain to the Ministry after the student has exhausted the complaint procedures of the medical school and institution. According to the country's narrative, students are made aware of the country's processes for reviewing complaints by way of the medical school's dean of students, or related office.

The country has also provided examples of complaints that have reached the Ministry, to include; a student grievance of a medical school's requirement for passage of the USMLE Step 1; students challenging the Ministry's vaccination requirement; and student complaints regarding CONESyT's action to approve only the pre-medical portion of education provided at two campuses while denying accreditation to the basic science and clinical portions.

Finances, Question 1

Country Narrative

Q1:

The country allows non-profit, privately owned-medical schools to operate. As established in the National Standards (EXHIBIT 1), Page 9, Chapter 6, Institutional Identity, letter a), Dominican Medical Schools shall be part of a University with legal capacity, recognized by the Ministry of Higher Education, Science and Technology, MESCyT, through the National Council of Higher Education, CONESCyT.

These Schools are mainly financed through tuition payments, public funds, donations, among others sources.

The National Standards (EXHIBIT 1) establishes the following regulation regarding finances in Chapter 25, p.30:

CHAPTER 25: FINANCING

The Higher Education Institution, of which the School of Medicine is part of, shall deliver its audited financial statements on an annual basis to the financial control division of the MESCyT. Statements shall reflect the financial capacity to continue offering services by the University.

Q2:

The Regulations for Higher Education Institutions, Page 9 and 111, Chapter IV, art. 18, letter e; art. 19, letter r; art. 20, letter e, art. 21, letter z, (EXHIBIT 2)

indicates that in order to evaluate an educational program that has been submitted for approval of the MESCYT, institutions must provide a financial feasibility study and a budget, which are utilized to determine if the resources necessary to cover the costs of the educational programs are available and if they correspond to the nature of the projects. Furthermore, the institutions should present all the resources and facilities that will serve as support to the presented program.

The budget units of the Finances Department analyzes these reports.

See audited financial report submitted by UNIBE and UCE to MESCYT (EXHIBIT 14-A and 14-B).

Analyst Remarks to Narrative

The agency has stated in its narrative, and has provided the attendant regulations, which require institutions to submit a financial feasibility study and a budget for review by the MESCyt as part of its evaluation of the medical program. As stated in the country's narrative and established by regulation, medical schools are part of universities that must be recognized by the MESCyt. These institutions are required to provide audited financial statements on an annual basis to MESCyt. The country allows non-profit, privately owned institutions to operate.

Facilities, Question 1

Country Narrative

N/A

Facilities, Question 2

Country Narrative

N/A

Faculty, Question 1

Country Narrative

N/A

Faculty, Question 2

Country Narrative

N/A

Library

Country Narrative

N/A

Clinical Teaching Facilities, Question 1

Country Narrative

N/A

Part 3: Accreditation/Approval Processes and Procedures

Onsite Review, Question 1

Country Narrative

Q1: Yes, the process of accreditation/approval is described in the EXHIBIT 15: Accreditation system of medical schools of the Dominican Republic: processes and procedures for the evaluation and accreditation of medical schools.

The process requires on-site reviews of the medical schools. The process of evaluating medical schools involves two distinct phases, Phase I begins with a self-study, and Phase II, is the external evaluation of the medical school seeking accreditation or approval. On-site reviews are part of the external evaluation phase (Phase II), which is conducted after the school of medicine submits its self-study (Phase I).

EXHIBIT 15, p. 8, The following section illustrates this two-phased approach:

2.5.1 PHASE I: Internal evaluation or Self-Assessment

The Department of Medical Education provides medical school with a self-assessment instrument that must be completed and supported with documented evidence, in a time frame not greater than one (1) year. The self-assessment allows the school the opportunity to demonstrate its compliance with quality standards for Medical Schools. Schools shall submit information on the students' and graduates' performance.

The schools must create an Internal Self-Assessment Committee for the self study process, in which members of several areas of the institution shall be represented, (both academic and administrative).

The MESCyT delivers the evaluation form used as basis of the self-assessment, and provides technical support during the process.

At the end of this process, schools submit their report to the MESCyT.

2.5.2 PHASE II: External Evaluation (ON-SITE REVIEW)

Consists of the process of verification of the objectivity and veracity of the self-assessment performed by the institution with regards to the program's quality, organization and operation of the school, and compliance with the norms and standards, performed out by academic peers appointed by the MESCyT.

Exhibit 15: Accreditation System of Medical Schools: Process and Procedures for the Approval, Regulation and Accreditation of Medical Schools, section 2.5.1 and 2.5.2, pages 8 – 9).

In accordance with MESCyT process and procedures, the external evaluation commences 35 days after the medical school submits its self-study report.
EXHIBIT: 15 at p. 10.

Each on-site visit lasts between 3 and 5 days. The purpose of this peer-review process is to verify the medical school's self-assessment, and to evaluate the medical school's compliance with all applicable standards and norms. Thus, the review examines all required areas. The on-site review encompasses the main campus of the medical school, as well as any branch campus or campuses, and clinical facilities. In the Dominican Republic we only have one instance where a medical school has a branch. However, branches are accredited as separate medical schools, and therefore must undergo an individual accreditation process. The documents listed below, which reflect the application of the on-site review process, are provided as attachments to the Country's response to this question.

EXHIBIT A – comprehensive evaluation report of Universidad Central del Este (UCE)

Exhibit A-1 -- Official communications between MESCyT and UCE

Exhibit A-2 – Self Study report of UCE

Exhibit A-3 -- Site visit report for the on-site visit of UCE, conducted by the external evaluation team (preliminary report)

Exhibit A-4 – UCE's reaction to the preliminary report

Exhibit A-5 – UCE's Final results and resolutions

Exhibit A-6 Reports of visits to UCE's clinical training facilities

Exhibit A-7 – UCE Follow-up visits and annual reports

EXHIBIT B – comprehensive evaluation report of Universidad Católica Nordestana (UCNE)

Exhibit B-1 -- Official communications between MESCyT and UCNE

Exhibit B-2 – Self Study report of UCNE

Exhibit B-3 -- Site visit report for the on-site visit of UCNE, conducted by the external evaluation team (preliminary report)

Exhibit B-4 UCNE's reaction to the preliminary report

Exhibit B -5 – UCNE's Final results and resolutions

Exhibit B-6 -- Reports of visits to UCNE's clinical training facilities

Exhibit B-7 – UCNE Follow-up visits and annual reports

Exhibit 18 -- Guide for Training Members of External Evaluation Committee

Analyst Remarks to Narrative

The country has provided two sample preliminary site visit reports, and several follow-up visit reports which document areas of compliance and non-compliance with the country's standards based on visits conducted to the medical school. Subsequent follow-up reports document the school's response as well as the evaluation team's assessment of how the medical school addressed the outstanding issue and/or whether it continues to be an area of non-compliance.

The country further provided what appears to be a medical school's response to the evaluation team's findings, and the school's plans for how it will address the team's findings. The site visit reports provided are from 2007; many of standards on the site visit report do not conform with the current standards document. As indicated elsewhere, this may be the result of the country's current change of standards which it plans to implement with its medical schools in 2013.

Visits to clinical training facilities are documented by a template form which the team uses to indicate whether or not the facilities have the attendant requirements by checking "yes" or "no."

The self-study report template that the country provided is not a narrative-based study documenting compliance with each of the country's requirements; rather, it is a questionnaire distributed to medical schools prior to the site visit, (as stipulated by the country's procedures), that collects background information on the medical school related to the country's standards.

Onsite Review, Question 2

Country Narrative

Q1: Yes, as mentioned in the Country's response to Onsite Review, Question 1, Clinical clerkships sites affiliated with medical schools are evaluated during the accreditation process and follow-up visits. The procedures for conducting these evaluations are those described in EXHIBIT 15: Accreditation System of Medical Schools: Process and Procedures for the Approval, Regulation and Accreditation of Medical Schools, pages 8-11.

The accreditation process mandates a visit to each and every clinical facility.

See, Exhibit 15, section 2.4 letter D, p. 7 Chapter 4

"Premises and infrastructure of the School of Medicine, its characteristics, technical requirements, adaptation of classrooms, working spaces, laboratories, experimental spaces, hospital facilities. Financial Resources".

The evaluation team must follow the following procedures:

Section 4.2, number 4 of MESCyT's processes and procedures states, Exhibit 15, p1 14:

"During the official visits the following areas are reviewed: Admissions and Registrar, Library, laboratories, instructional personnel (faculty), cafeteria, leisure areas, bookstore, administrative offices, classrooms, remedial work rooms, financial assistance offices, clinical rotation hospitals (national and international).

"An evaluation form per each hospital visited is used, in accordance with the standards contemplated by the Standards for the Approval, Regulation and Accreditation of Medical Schools of the Dominican Republic. During these official visits the agreement between the Higher Education Institution and the teaching hospital is verified, in terms of compliance of teaching program, resources available, evaluation systems and student's supervision and safety of the same.

P. 14

The Country is providing examples of clinical sites visits reports from UCE and UCNE in the form of the attached Exhibit A-6 and Exhibit B-6.

The Country is also providing a report of all clinical site visits that have been conducted at national and international clinical locations, during the years 2010, 2011, and 2012 as well as copies of, MESCyT's communications to medical schools approving clinical locations in the form of the attached Exhibit 16.

Q2: MESCyT, in compliance of the national standards, conducts visits to clinical teaching sites in order to verify that schools comply with the quality standards for clinical education in all sites. Requirement to conduct these visits are described in the previous section.

The quality standards evaluated in this process are included in the National Standards (Exhibit 1), p. 29-30 Chapter 24, section 24.1, which states: a.) Components of the program carried out in campuses or premises geographically separated from the central campus of the university where the Medical School operates, shall be the responsibility of the school: therefore it shall ensure that the functioning of these campuses are adequate, meet their objective and specific standards so that the quality of education offered is guaranteed.

24.1 Clinical Facilities

a. Every program intended to award a Doctor of Medicine (M.D.) degree, shall have hospital health facilities, national and/or international, in order to be able to

implement a program of this nature.

b.The School of Medicine shall dispose of these facilities, and furthermore execute an academic agreement between the university and the hospital showing the commitment of both parties in connection with students training and follow up process. In addition, the agreement shall specify the type of relationship existing between the university and the hospital.

c.A School of Medicine shall have hospital where teaching is part of the assistance exercise of the hospital.

d.Hospitals shall have facilities in order to be able to comply with the criteria of Teaching Hospital (National hospitals or health centers in which students perform rotations shall be accredited by competent national entities and approved by the Department of Medical Education of the MESCyT, prior to its implementation).

e.Preferably shall have medical residency programs in the areas where hospital rotation of the student is made.

f.The clinical facilities may be primary care centers, centers of second level, third level and specialized centers.

g.In the case of national clinical facilities, the school shall have university professors in charge of teaching at the hospital, and at the same time meet the rotation objective.

h.In case of international clinical facilities, the School of Medicine shall acknowledge the structure and program characteristic of this center, which includes the faculty members.

i.In both cases, a program with the objectives that shall be met in each rotation shall be included.

j.The student shall be acquainted with his/her obligations and rights in the hospital, further; he/she shall be subject to an evaluation of each rotation by the professor. This evaluation shall be defined and shall take into account diverse parameters related with the practice of medicine.

k.It shall be acknowledged that the relationship of the hospital and the School of Medicine is indispensable for the execution of the training program with objectivity and effectiveness.

l.The student shall have access to hospital centers for general and specialized medical care. Further, the School shall include primary care and outpatient care in the practical exercise of the student, in order to achieve a complete training.

m.The clinical facilities highlighted as teaching premises shall have all the facilities for the areas it has been destined for. The School shall offer the students positions at clinical facilities in the areas of internal medicine, gynecology and obstetrics, surgery, pediatrics, psychiatry, outpatient care and primary care.

Analyst Remarks to Narrative

The country has written requirements that require a visit to each clinical site. The country also has standards that stipulate requirements for clinical facilities that include, for example, a requirement that university professors are responsible for the teaching in the hospitals, and that the teaching premises have all the facilities for the specified areas.

The country has provided documentation regarding its visits to the clinical sites that indicate a "yes" or "no" check box way of documenting whether or not the clinical site meets the country's requirements.

Onsite Review, Question 3

Country Narrative

The Dominican Republic has provided evidence that these standards regarding visits to clinical clerkship sites been implemented, during the evaluation process of the two schools for which comprehensive reports have been submitted. See, EXHIBITS A-6 and B-6. In addition, a report of all visits to international clinical sites, where students participate in clinical rotations is provided (EXHIBIT 16).

In addition, we present EXHIBIT 1, p. 9 Chapter 6, letter e, of the National Standards, mandating site visits to medical schools and affiliated clinical on annual basis:

"Likewise, annual follow up visits shall be performed to credited schools of medicines in order to verify that such maintain compliance with these rules and to follow up on its improvements; these visits include the national and international clinical facilities used for the institution for its practices".

Therefore, each clinical site of an accredited medical school is subject to site visit, regardless of whether they fall into category (i), (ii), or (iii) as described above.

Analyst Remarks to Narrative

The country's requirements stipulate that all clinical sites must be visited on an annual basis without regard to the conditions of this guideline, thereby meeting the 12-month requirement.

Onsite Review, Question 4

Country Narrative

Our standards, EXHIBITS 1 require, in p. 29, Chapter 24, section 24.1, letter b) that clinical clerkships must be located in institutions that have committed to providing quality supervised instruction, stability of the program, and the necessary resources for the clinical component of the curriculum through formal affiliation agreements:

b."The Medical School shall have access to these facilities, and furthermore execute an academic agreement between the university and the hospital showing the commitment of both parties in connection with students training and

follow up process. In addition, the agreement shall specify the type of relationship existing between the university and the hospital". Exhibit 1 National Standards for the Approval, Regulation and Accreditation of Medical Schools in the Dominican Republic, p. 29.

The Country is attaching in the form of Exhibit 17 A and 17 B, selected affiliation agreements between schools of medicine and teaching hospitals as evidence of the implementation of the above cited national standard 24.1(b). p. 29 (EXHIBIT 1)

Analyst Remarks to Narrative

The country's standards reflect the requirements of this guideline, and is further evidenced by the clinical site checklist template that the country provided, as well as the sample affiliation agreements attached here.

Onsite Review, Question 5

Country Narrative

Medical schools must obtain prior approval from MESCyt before they can offer clerkship programs in the U.S. or in other third countries. See, Exhibit 1, National Standards for the Approval Regulation, and Accreditation of Medical Schools in the Dominican Republic, Ch. 11, sec. 11.5(e), p. 16-17. Under the applicable standards, when a school visits and reviews a teaching hospital and enters into an affiliation agreement. The affiliation agreement must provide that school evaluate and appoint faculty to serve students placed at the affiliated site. A copy of the training program must be provided to the hospital, faculty, and students before training begins. A copy of the agreement is filed at MESCYT prior to initiating training. MESCYT initially approves or disapproves the affiliation agreement.

Within a 12 months period, an on-site visit will take place and a final determination to approve or not to approve is made. The school must comply with the standards set forth for accredited clinical facilities.

See p. 15-16, chapters 11, section 11.5 and p. 29-30, chapter, section 24.1 of the national standards as evidence of the requirements (EXHIBIT 1)

Analyst Remarks to Narrative

The country requires approval by the Ministry prior to an institution offering clerkship programs outside of the Dominican Republic. According to the country's narrative, if the MESCyt approves the site, an evaluation team conducts a visit to the site within twelve months. Final approval of the site is contingent upon the outcome of the site visit to the clinical site.

Qualifications of Evaluators, Decision-makers, Policy-makers

Country Narrative

The requirements regarding the qualification and training of personnel that conduct on-site evaluations are described in p. 8-9, section 2.5.2, letters a , b, and d of MESCyT processes and procedures. EXHIBIT 15: Accreditation System of Medicine Schools: Process and Procedures for the Approval, Regulation and Accreditation of Medicine Schools, p. 8-9.

The Country is providing the Guide for Training Members of the External Evaluation Committee, attached in the form of Exhibit 18, which contains applicable guidelines for training on-site evaluators. This handbook is provided to all evaluators who participate in on-site visits. As indicated in the process and procedures document, all on-site evaluators are required to attend a training session where the handbook is distributed to them. EXHIBIT 15,section 2.5.2, letter d, p. 9. As further evidence of the implementation of this policy, the Country is providing a list of participants at a recently held training workshop in the form of Exhibit 19.

A sample of the service contract signed by all evaluators is presented in EXHIBIT 20. Members of the External Evaluation Committee are required to assume the following commitments and responsibilities:

- The consulting service that the contractors (evaluators) will present involves being external evaluators of the Evaluation Process for the Accreditation of Medical Schools in the Dominican Republic.
- Participate in the Training Seminar as evaluators in the Ministry of Higher Education, Science and Technology.
- The external evaluation Committee has the responsibility of critically reviewing the Self-Evaluation report prepared by the institution and who will visit the facilities to appraise in the field the operations of the Medical School being evaluated.
- Dedicate the necessary time to learn the history and internal processes of the institution being evaluated.
- Know and implement all the actions required to accomplish the objectives of the evaluation process.
- Familiarize themselves with the guide and the evaluation tools.
- Participate in the preparatory meeting with the purpose of working out a visits schedule.
- Participate in all the activities outlined in the external evaluation process.
- Have the disposition to integrate to working Committees created under the direction of the Committee President when they become part of the External Evaluation Committee.
- Maintain confidentiality with regards to the material received during the evaluation process.
- Prepare a written report, with recommendations individual to each visited school, with addendums or supporting documents in digital format and printed

copy, before completing the contract with the MESCyT. This report shall be the result of consensus between all members of the Committee.

- Commit to returning all documents made available by the MESCyT for their work, including those provided by the evaluated institutions during the visit.
- Being ready to appear before the MESCyT to clear any matter related to the process during the validity of the contract.

The evaluators are subject of a detailed scrutiny to determine their qualifications. During such scrutiny, special attention is given to areas of possible conflicts of interest to ensure transparency and fairness of the evaluation process.

The procedures are clearly defined in the rules and regulations stated below.

P. 16, Art. 40 of the above Act 139-01 of Higher Education, Science and Technology (EXHIBIT 21) mandates who can be appointed as a member of the National Council for Higher Education, Science and Technology Technology: CONESCyT, because of their qualifications and experience:

- The Minister1 of Higher Education, Science and Technology, who presides it;
- The Minister1 of Education;
- The Minister1 of Culture;
- The Chancellor of the Universidad Autónoma de Santo Domingo;
- An academic personnel who represents autonomous private universities;
- A faculty representative, chosen by the CONESCyT among those proposed by each higher education institution;
- A student representative, chosen by the CONESCyT among those proposed by the higher education institutions;
- A representative of the administrative employees, chosen by the CONESCyT among those proposed by the institutions of the System of Higher Education, Science and Technology;
- A representative of the Association of Technical Studies Institutes;
- A representative of each association of higher education institutions, duly acknowledged by the CONESCyT;
- A representative of the institutions of promotion and financing;
- The President of the National Council of Private Enterprises;
- Three members appointed by the Executive Branch, with acknowledged background in the field of higher education, science and technology;
- The President of the Academy of Sciences of the Dominican Republic;
- The director of INDOTEC;
- Two members appointed by the scientific research and/or technological institutes recognized by the CONESCyT;
- A representative of the Self-assessment and Accreditation System;
- A representative of the ex-presidents of the CONES o former Secretaries of State of Higher Education, Science and Technology, appointed by executive order of the Executive Branch, who shall not belong to the governments' party;
- A representative of the Higher Education Institutions of the Army.

Analyst Remarks to Narrative

The country has provided its written requirements for the selection of its evaluation team members as stipulated in its Processes and Procedures Manual, and the constitution of CONESyT as outlined in its Higher Education Law. According to the country's processes and procedures, evaluation team members include representatives from the Ministry of Public Health and Social Assistance, the Dominican Medical Association, professionals trained in Medical Education with experience in evaluation, and MESCyT Personnel. According to the country's procedures, external evaluators are trained and provided with a manual (Exhibit 18) which outlines their responsibilities in the evaluation process.

Re-evaluation and Monitoring, Question 1

Country Narrative

N/A

Re-evaluation and Monitoring, Question 2

Country Narrative

Q1: The process for monitoring accredited medical school during the accreditation/recognition period to verify their continued compliance with the standards is described in the MESCyT processes and procedures document in section 4. See, EXHIBIT 15, Accreditation System of Medical Schools:

Process and Procedures for the Approval, Regulation and Accreditation of Medicine Schools, Section 4, p. 12-16. Generally accredited institutions are subject to regular and special on-site visits as well an annual reporting requirement. The applicable requirements are reproduced below.

4.FOLLOW-UP VISITS

- Objective of the follow-up visits: to ensure sustained institutional compliance with the plans and projects assumed by each institution as a result of the evaluation of its medical school, during the Evaluation Process for the Accreditation of the Medical Schools, in the frame of the Standards for the Approval, Regulation and Accreditation of Medical Schools of the Dominican Republic.

- As a result of the accreditation process, some schools may be accredited with stipulations. A correction plan is established providing a defined period of time and with specific measures of progress, which shall be complied in periods of time as determined by the CONESyT, and with periodic visits that shall be performed in the periods of time established to verify the progress demanded to comply with the Standard. Schools accredited with stipulations, are subject to the immediate removal of its accreditation if they do not comply with the goals

required by the time of the scheduled visit. These are visits to specific areas of the school, which are evaluated taking into account its stipulation (Pursuant to the Standard, the Stipulation implies the task of periodically verifying the auto-regulation capacity and the dynamics of the academic quality of the programs that, having obtained accreditation, have committed to continuous improvement).

- Medical Schools accredited without stipulations are also visited to verify that they are continuing with compliance of the standards, at least once every two years.
- Follow-up visits include geographically separated facilities and national and international hospitals whereby students complete medical program rotations

4.1 FOLLOW-UP VISITS PROCESS:

Elaboration of the schedule of official visits by the Department of Medical Education of the Ministry of Higher Education, Science and Technology, MESCyT.

2. Communications to Institutions of Higher Education, Science and Technology offering the medical degree, notifying the date in which the follow-up visit shall take place (in case of announced visits) and addressing the requirements form for the indicated visits.

3. Field Visit: During the official visit to an accredited Medical School, the information previously requested must be submitted to the visiting team. A report is drafted, based on the pending items resulting from the evaluation and follow-up made each year subsequent to the evaluation. Evidence of compliance is required in each case and recommendations and suggestions are made in cases in which the findings are in the process of compliance and/or it is necessary to make changes.

Medical schools' complaints that have been given a determination by MESCyT's Students Complaints Committee are verified so that the actions requested by said Committee have been implemented. If so, the action taken is documented as evidence of compliance.

If no action has been taken, the President of the Students Complaints Committee is informed of the situation and the process is re-activated. If the school does not meet the requirements of the Students Complaints Committee, the Committee will present a report to CONESCYT, informing non-compliance and will make a final determination that may lead to the removal of accreditation.

Schools requesting accreditation or reaccreditation are subject to review of all students complaints and according to the outcomes of this review, it may or may not, be a determining factor to recognize the school.

During the follow-up visit the admission process, curriculum, facilities and support resources for learning, qualification of the faculty members,

achievements attained by students and graduates, structures of the program's management, are evaluated, as well as other relevant aspects to guarantee a quality medical education.

Further detail regarding field visits is available in Exhibit 15 at p. 12-13: Accreditation System of Medical Schools

As evidence of implementation, the Country is providing follow up reports from UCE and UCNE in the form of Exhibit A-7 and Exhibit B-7.

In addition, medical schools must submit an annual statistical report to the Ministry of Higher Education, Science and Technology, which includes the following information: cross-over students, admissions, transfers, withdrawals, extreme circumstances withdrawals, graduates, national residency exam results, USMLE step 1, step 2, step 3, and graduates enrolled in residency programs.

As evidence of implementation of the annual reporting requirement, the Country is providing annual reports of all medical schools submitted during the years 2010, 2011, and 2012, corresponding to the data of years 2009, 2010, and 2011 in the form of Exhibit 11.

Note: for the 2010 report, MESCyT requested information based on the 2009-2010 fiscal year (July 1st to June 30th 2009). Since 2010, schools are requested to submit their reports based on a calendar year (January 1st to December 31st).

Q2: The onsite visit includes student complaints record review. Common complaints are noted and included as part of the items subject to close review. The outcomes of this review are included in the findings of the visit. Action will depend on the severity of the noncompliance. The use of student complaints' records during ongoing monitoring and re-evaluation processes are explained in section 4.1 of EXHIBIT 15: Accreditation System of Medicine Schools: Process and Procedures for the Approval, Regulation and Accreditation of Medicine Schools: Procedures require

"Medical schools' complaints that have been given a determination by MESCyT's Students Complaints Committee are verified so that the actions requested by said Committee have been implemented. If so, the action taken is documented as evidence of compliance or noncompliance with the standards of accreditation. Students can present a complaint to the medical school or to MESCyt. See Exhibit 1 National Standards for the Approval, Regulation and Accreditation of Medical Schools in the Dominican Republic, p. 23, Chapter 17. Handling Student Complaints, section 17.4.

Also see Exhibit 14 MESCyT's Process for the Handling Students' Complaints.

If no action has been taken, the President of the Students Complaints Committee is informed of the situation and the process is re-activated. If the

school does not meet the requirements of the Students Complaints Committee, the Committee will present a report to CONESCYT, informing non-compliance and will make a final determination that may lead to the removal of accreditation.

Schools requesting accreditation or reaccreditation are subject to review of all students complaints and according to the outcomes of this review, it may or may not, be a determining factor to recognize the school”.

Analyst Remarks to Narrative

As stipulated in the country's Procedures Manual, the country conducts follow-up visits to medical schools to ensure continued compliance with the standards as well as to follow-up on remedies for outstanding compliance issues. The country has provided copies of follow-up reports that only cite issues of non-compliance and the medical school's attendant resolution of the non-compliance issue. It is not evident from the follow-up reports provided, whether the process ensures that schools remain in compliance with issues not previously cited.

The country states that it also collects retention data from its institutions and has supplied such data in the form of a spreadsheet. None of the schools fell below the country's benchmark of 65%, thereby requiring no further action by the country.

The country has written procedures for review of student complaints during the process of recognition, as well as a standard that states that student complaints are subject to review at the time of a medical school's review for recognition. Though the country provided follow-up sample site visit reports, it is not clearly reflected on the reports, whether and when such review of student complaints occur.

Country Response

Once accreditation is granted to a medical school in the Dominican Republic the school must be able to demonstrate that it remains in compliance with the standards of accreditation at all times.

Follow-up visits include a review of all standards, those that were found in compliance during the accreditation visits and those that were not in compliance. During the follow-up visits, the evaluation team requires evidence of continuing compliance, by visiting facilities, analyzing documents and conducting interviews. As a result, a general report of all the issues reviewed is prepared.

Due to the volume of those documents, a summarized version of this report was previously provided, which contained only the citations of noncompliance found in the full report. For example, the first finding included in the summary report was under “Article VIII: Administrative Academic Structure” although this was the first finding that merited a citation, it was the 29th item reviewed overall. Now we have attached the complete unabridged version of this report for your review (EXHIBIT 1.A and 1.B: General reports of follow-up visits to UCE and UCNE).

Student Complaints are also reviewed during following up visits. When the evaluation team conducts a follow-up visit to a medical school that has or has had student complaints, the team verifies that the procedures to handle complaints have been adequately followed and that the proposed decision proposed was put in place. This revision is documented in UCE's general report, now attached. This is in addition to complaints that may have been made directly to MESCyT.

Analyst Remarks to Response

The agency has provided the comprehensive reports and follow-up reports that indicate both areas of compliance and non-compliance after follow-up visits at two medical schools. Page 77 of the UCE report indicates that the site team verifies in accordance with the country's standards, for example, whether students are aware of their rights as medical students. Page 110 outlines complaints and their outcomes at the medical school. Three of the complaints reviewed were directed to the MESyCT indicating that students are aware of, and avail themselves, of complaint procedures.

Staff Conclusion: Comprehensive response provided

Substantive Change

Country Narrative

Substantive changes, as defined in MESCyT's processes and procedures document are subject to prior approval before the medical school can implement them. See, EXHIBIT 15: Accreditation System of Medicine Schools: Process and Procedures for the Approval, Regulation and Accreditation of Medicine Schools, p. 16. This process is set forth below:

V.SUBSTANTIVE CHANGES

Medical schools shall notify the MESCyT the material changes implemented in connection with curriculum, support resources, infrastructure, organizational structure, students and faculty body, so that the regulating entity may determine if it continues in compliance with the standards.

The process to request approval of substantive change is as follows:

- 1.The medical school sends a letter to MESCyT describing and supporting documentation of the proposed changes to any of these elements: curriculum, support resources, infrastructure, organizational structure, students or faculty body.
- 2.Once received, the request is sent to the appropriate department within MESCyT for evaluation. For example, curricular changes are analyzed by the Curriculum Department.

- 3.The appropriate department evaluates the documentation, consults the relevance of the proposal with resources specialists. If necessary, it conducts site visit to verify information, inspects facilities, and resources.
- 4.A report is prepared by the concerned Department staff with evidence and is submitted for determination to CONESCYT.
- 5.The school receives CONESCYT' S determination.

As evidence for the implementation of these procedures, the Country is providing a copy of letters regarding curriculum change submitted by UNIBE, in the form of Exhibit 22.

Analyst Remarks to Narrative

The country's Procedures Manual outlines requirements for the approval of substantive changes which require medical schools to report such changes to the MESCyT for evaluation. CONESCYT reviews such changes and provides a determination on the medical school's request.

The country provided a sample cover letter request for a curriculum change submitted by a medical school.

Conflicts of Interest, Inconsistent Application of Standards, Question 1

Country Narrative

The policy regarding conflict of interest by evaluators is described in section 2.5.2, letter c) of MESCyT's processes and procedures document. See, EXHIBIT 15: Accreditation System of Medicine Schools: Process and Procedures for the Approval, Regulation and Accreditation of Medicine Schools, section 2.5.2(c), p. 9.

C.Policies on Conflicts of Interest

In order to avoid conflicts of interest and prejudices to the members of the External Evaluation Committee, persons with family and/or labor links are excluded, as well as any other relationship that may represent real or perceived conflict preventing him/her from performing an impartial analysis.

The Committee is presented in advance to the Institution, which is entitled to approve or reject the members, presenting their arguments.

Once the members of the Committee are selected, the elaboration of contracts for evaluators participating in the process shall be requested to the Legal Advisor of the MESCyT, describing the functions and responsibilities – including the obligation of participating in training processes and are also provided the confidentiality criteria that shall be followed.

See EXHIBIT 23, Regulations of the National Council for Higher Education, Science and Technology, CONESCYT, Chapter II, Article 7, paragraph, p.12

regarding proper and ethical behavior that must portray by CONESCYT's members.

In addition, in order to prevent conflicts of interest, or bias from decision-makers, CONESCYT membership is plural with 22 members.

The Dominican Constitution (EXHIBIT 10) p. 16 establishes in SECTION II, OF THE STATUS OF THE PUBLIC, the following article regarding the Prohibition of corruption:

Article 146.-Prohibition of corruption. It condemns all forms of corruption in state bodies. As a result:

- 1) Be punished by the penalties established by law, any person who steals public funds or taking advantage of their positions within the organs and agencies of the State, its agencies or independent institutions, obtaining for himself or for third economic benefit;
- 2) Likewise, the person shall be liable to provide benefits to their partners, family members, relatives, friends or related;

Finally, medical schools may appeal decisions made by CONESCYT if the institution has discrepancies with the final decision.

Analyst Remarks to Narrative

The country has provided its Procedures Manual as well as its attendant regulations which outline conflict-of-interest and ethics requirements to include, a restriction for participants on evaluation committees that have familial or professional ties to the medical school under review, or other relationship to the school that may "represent real or perceived conflict."

The country's attendant regulations provide for the suspension or dismissal of committee members for inappropriate behavior.

Conflicts of Interest, Inconsistent Application of Standards, Question 2

Country Narrative

In order to ensure that standards for the accreditation/approval of medical schools are applied consistently, these procedures must be followed:

- 1.Assurance that team members comply with the members' profile and undergo team members training
- 2.Continuous supervision to guarantee due process by the Department of Medical Education
- 3.Independent evaluation by team members
- 4.Preliminary report and findings elaborated by consensus

5. Opportunity to respond to preliminary findings by visited medical schools
6. Re-evaluation of the preliminary report and preparation of final report by consensus
7. Independent review and determination by CONESCyT
8. Right to appeal accreditation's decision

See EXHIBIT 15, section 3, p. 10-11.

A detailed explanation of these procedures is described below:

1. In order to ensure that standards for the accreditation/approval of medical schools are applied consistently to all schools that seek that accreditation/approval, members of the evaluation team must meet all the requirements established in p. 8-11 section 2.5.2 of EXHIBIT 15: Accreditation System of Medicine Schools: Process and Procedures for the Approval, Regulation and Accreditation of Medicine Schools. The Committee is presented in advance to the Institution, which is entitled to approve or reject the members, presenting their arguments. Once compliance with inclusion requirements have been determined, and that no conflicts of interests exist, the selected members participate in a training program with the purpose of understanding the evaluation process and provide guidelines to ensure a consistent assessment of each standard, and detailed explanation of the documentation process and corresponding reports.
2. During on-site visits, an officer from the accreditation agency must be present, with the mission of assuring consistent application of the standards, solution of conflicts, and keeper of due process.
3. Once the on-site visits have been completed, the evaluation team meets and reviews weakness and strengths. A preliminary oral report is given to the medical school's designated administrative personnel.
4. The written preliminary report is prepared by consensus after reviewing each team member's findings, annual reports and previous accreditation parameters, as well as any outstanding complaints, unfulfilled requirements, and any other data the visiting team may deem appropriate for a thorough and fair review.
5. This report is sent to the school for their response. The school makes a written and documented response with its reaction to the team's preliminary findings and sends it to MESCyT's Department of Medical Education.
6. The team meets again and reviews the medical school's response. If further information is required, it has the authority to do so.
7. Once the review is completed, the final report is sent to CONESCyT with the team's recommendations.
8. CONESCyT will pass judgment on the report and may determine in such instances where a legal counsel is required, CONESCyT has available a legal department at MESCyT.

As evidence of the implementation of these standards and procedures, the Country is providing two comprehensive reports as evidence of the consistency of the process (EXHIBITS A and B). Comprehensive reports of the remaining schools are available upon request; they are not being submitted because of

your instruction of submitting one report.

Analyst Remarks to Narrative

The country has provided its set of procedures for reviewing medical schools as a way of ensuring that its standards are applied consistently throughout the process. The country procedures include, a process by which evaluation team members are vetted with the school that is undergoing review, and that the country also vets evaluation team members for potential conflicts of interest. According to the country's procedures, evaluation team members are trained on the medical school standards.

The country also maintains that there is a designated "officer" present during on-site reviews to ensure consistency of application of its standards. The review of the medical school and the attendant writing of the medical school's findings, etc., are conducted by the evaluation team by consensus.

The country has provided template site visit reports for two of its medical schools.

Accrediting/Approval Decisions, Question 1

Country Narrative

N/A

Accrediting/Approval Decisions, Question 2

Country Narrative

The MESCyT collects annual reports of each medical school. This report includes crossover students, transfers in and out, withdrawals, and graduates.

MESCyT also receives the results of the National Exam of Medical Residencies (See Exhibit 24, Results of National Exam of Medical Residencies, by university, years 2010, 2011 and 2012).

It is used as a performance indicator of medical school's graduate success, and considered when reaching a decision on whether or not to grant accreditation and approval, in addition to compliance with National Standards. In case that the percentage of approval of medical school's graduates who took the National Exam of Medical Residencies in the corresponding year does not reach 60%, the Department of Medical Education at MESCyT must perform a monitoring process that leads to visit the institution, assessment of the academic program, review of faculty qualifications and request of a corrective action plan. Failure to meet the action plan may lead to stipulations, show cause, or loss of accreditation.

In addition, for purposes of review, residency placement information and documentation is also collected. See Exhibit 25, Residency placements of medical school's graduates.

USMLE passing rates are also submitted by medical schools to MESCyT for review and referred to the National Committee of Foreign Medical Education, in the framework of the medical schools' annual report that is submitted (Exhibit 11. Medical schools annual reports data, years 2009, 2010, and 2011, which includes USMLE passing rate).

Analyst Remarks to Narrative

The country has stated that it uses the results of its National Exam of Medical Residency as a measure of the performance of medical school graduates, and has provided pass rates for the exam by schools for years 2010, 2011, and 2012. The country requires a 60% passage rate on the exam; according to the country's procedures, schools that do not meet the 60% rate are subject to monitoring.

The country further states that it reviews and collects data on residency placement and on USMLE pass rates. It is not clear from the country's requirements whether they use such data as part of its decision to grant accreditation of a medical school.

Accrediting/Approval Decisions, Question 3

Country Narrative

Yes, MESCyT established student performance benchmarks and requirements for schools, based on percentages, in addition to compliance with National Standards when reaching a decision on whether or not to grant accreditation and approval:

1. Graduates passing rate for the National Exam of Medical Residencies: 60%
2. Retention rate: 65%

We are currently working with our statistical department to refine the currently implemented benchmarks based on cohort rates. This work should be finished by 2013, the year where re-accreditation of all our schools is due.

EVIDENCE:

- EXHIBIT 24: Results of National Exam of Medical Residencies by university, years 2010, 2011 and 2012.
- Exhibit 11. Medical schools annual reports data, years 2009, 2010, and 2011.

Analyst Remarks to Narrative

The country has established a 60% pass rate on its National Exam of Medical Residencies to determine whether to grant accreditation to a school. According to the country's narrative, it is currently working to refine its benchmarks based on cohort rates.

The country also sets a retention rate benchmark at 65%.

Outstanding Issues

A comprehensive site visit report with recommendations;

Country Narrative

The Ministry of Higher Education, Science and Technology, MESCYT, of the Dominican Republic has conducted comprehensive evaluations of medical schools, as a requisite for their approval and accreditation in different periods. During the 2007 evaluation period, the 10 medical schools participated in the accreditation process, carried out by the Department of Medical Education.

In 2008 and 2010, respectively, two geographically separated locations were evaluated in order to assess if they met the standards to offer the medical program that is offered in their accredited main campus.

The foundations, legal framework, objectives, methodology, qualification and selection criteria of evaluators, areas and components of the evaluation, ethical considerations, evaluation outcomes; as well as follow-up visits' purposes and procedures used to conduct the evaluations are described in the document entitled "Accreditation System of Medical Schools in the Dominican Republic: Processes and Procedures for the Evaluation and Accreditation of Medical Schools" (EXHIBIT 15).

During the 2008 and 2011 period, 39 follow-up visits have been conducted, including their clinical facilities (EXHIBIT 26: List of follow-up visits).

For the purpose of current determination of comparability between the standards used in the Dominican Republic and the United States, two of the evaluation reports have been translated and submitted for analysis as evidence of the accreditation process implementation (EXHIBITS A and B).

These reports include the following documents: official communications between the Ministry of Higher Education, Science and Technology and the Universities regarding important aspects of each phase of the evaluation process; self-study report conducted by the school to assess compliance with the accreditation standards; preliminary report issued by the evaluation team; school's reaction to the preliminary report; evaluation report of clinical training locations used by the school; final evaluation report; decision of the Council of Higher Education, Science and Technology regarding accreditation; and follow-up visits' report to each school.

The standards used in the 2007 evaluation process were developed and approved in the year 1996, and were also the basis for the evaluations performed to Medical Schools in the periods 1997 and 2002, respectively. Likewise, for the determination of comparability of the standards of the Dominican Republic and the United States for Schools of Medicine of 1997, 2004 and 2007.

In January 2010, necessary and important elements to comply with the national and international requirements were inserted as addendum to the Dominican Standards. In this year 2012, due to the current context and by consensus, we have faced the need of fully reviewing and updating the National Standards for the Approval, Regulation, and Accreditation of Medical Schools. The result of this process, the 2012 version of the National Standards (EXHIBIT 1) will be used for the next evaluation of medical schools, which will begin in 2013.

Analyst Remarks to Narrative

According to the country's narrative, the date of the comprehensive site visits for reaccreditation of all ten medical schools in the Dominican Republic occurred in 2007, with subsequent follow-up visits at each school between 2008 and 2011.

The country has made substantial changes to its standards in 2012 and will implement them in 2013. The country has provided samples of two of its comprehensive site visit reports with addendums attached for its evaluation form for clinical sites. The country has a five year reevaluation process which expires for its medical schools in 2012. However, as stated in its narrative, the country has used this year to update its standards and plans to commence its reevaluation of medical schools in 2013.

Evidence that the site visit team visits all of the clinical training locations, as well as the main medical school campus;

Country Narrative

The National Standards for the Evaluation, Regulation and Accreditation of Medical Schools comprise several policies and processes regarding clinical training locations, which include: requirement to have agreements between the school and the hospital; existence of adequate academic and administrative structure; resources, facilities and services that must be available to students; program objectives, students' supervision and evaluation (See EXHIBIT 1, section 24.1, p. 28).

The objectives and academic program standards that must be met by accredited schools are described in EXHIBIT 1, section 11.3.2, p. 14. Clinical training locations are evaluated in the framework of the comprehensive evaluation performed every five years, as well as during follow-up visits, at least every two years. In addition, clinical sites are visited and evaluated in order to be

approved, both in the Dominican Republic and abroad.

During the evaluation of the schools, the evaluation committee is required to visit all clinical sites, as indicated in the “Accreditation System of Medical Schools in the Dominican Republic: Processes and Procedures for the Evaluation and Accreditation of Medical Schools” (See EXHIBIT 15, Area D: Resources and Infrastructure, p. 7).

Detailed clinical sites visits’ reports for the two schools for which comprehensive reports are submitted have been included (EXHIBIT A-6, and EXHIBIT B-6).

Analyst Remarks to Narrative

The country has standards for its clinical training facilities and has provided evidence of its evaluation of clinical sites. Evaluators use a standardized checkbox template with twelve criteria to assess compliance of clinical sites against the country's standards.

Guidelines for training of site review team members;

Country Narrative

One of the main components of the school's evaluation, along with the self-study, is the site visit, which is conducted by the external evaluation committee, after being carefully selected according to the criteria established in the “Accreditation System of Medical Schools in the Dominican Republic: Processes and Procedures for the Evaluation and Accreditation of Medical Schools” (EXHIBIT 15, section 2.5.2 Phase II: External Evaluation, letter b, p.9). The purpose and methodology of the site visit is also described in said document (EXHIBIT 15, section 2.5.2 Phase II: External Evaluation, p.8).

The above mentioned document requires, in section 2, letter D “Training of the External Evaluation Members” (p.9), that evaluation team must participate in a training session, where the Guide for Training Members of the External Evaluation Committee is analyzed (EXHIBIT 18), along with the National Standards for Approval, Regulation, and Accreditation of Medical Schools, the Self-Study Report of the Medical School to be visited, and other relevant documents.

Each evaluator must sign a contract with MESCYT that specifies his/her responsibilities and the ethical and methodological considerations that must guide the evaluation process (EXHIBIT 20).

The Guide (EXHIBIT 18) includes the following sections: an explanation of the accreditation process, its foundations and legal framework; methodology; role and responsibilities of the evaluation team and the President of the Committee, and ethical considerations; areas and components of the evaluation; departments that must be visited, as well as key school members that should be

interviewed; detailed sample site visit program, which includes activities per day. In addition, it exemplifies how compliance or non-compliance of each standard must be documented, indicating which documents must be collected as evidence. The Guide also explains how the report must be completed by the evaluator, and provides sample templates for each area and component.

During the training, emphasis is placed on the need for accuracy, honesty, clarity, and consistency that must characterize the evaluation team report.

Analyst Remarks to Narrative

The country has provided its written guidelines that it distributes to external evaluation members. As stated in the country's narrative, evaluation members must undergo a training session where the guide and the country's standards are reviewed.

An annual report submitted by an accredited medical school.

Country Narrative

In 2008 the Department of Medical Education started to collect data of each school in an annual report that must be submitted to MESCyT. This report includes school admission and graduation data, USMLE and National Exam of Medical Residencies passing rate. During this period, schools have strengthened their capacity to collect and analyze data as part of their program evaluation process, and the Ministry of Higher Education, Science, and Technology has incorporated this information into the medical schools evaluation process, so they can be considered, along with the comprehensive evaluation report, for accreditation decisions.

These reports, with each school's statistics, have been submitted to the US Department of Education in the years 2009, 2010, and 2011, and are also included in this report (EXHIBIT 11).

USMLE passing rates (included in EXHIBIT 11) and National Exam of Medical Residencies performance data (EXHIBIT 24), as well as residency placement data (EXHIBIT 25) are provided as evidence of collection of annual reports.

Analyst Remarks to Narrative

The country collects data on enrollment and graduation on an annual basis from its medical schools since 2008. The country has provided spreadsheets with these data as attachments. According to the country's narrative, the country uses these data as part of its evaluation process for medical schools. It does not appear that any of the schools have fallen below the country's benchmarks. As stated elsewhere in the country's submission, it plans to continue to refine its thresholds as necessary.

Provide performance data for students enrolled in medical education program who took the US Medical Licensing Examination (USMLE) or the Puerto Rico Board examination for medical students by year for each of the universities and indicate how the country's accreditation body analyzes and evaluates those pass rates. Also, include the number of students who are enrolled in medical education programs, but who did not take the USMLE or Puerto Rico Board Examination by year for each university.

Country Narrative

In 2010 the Department of Medical Education started to collect data regarding USMLE passing rate (included in EXHIBIT 11). These reports have been submitted to the US Department of Education.

After a review of our standards and procedures for accreditation, MESCyT has determined to collect and review USMLE passing rate information and documentation of medical schools, and refer it to the NCFMEA. Should there be any discrepancy or inconsistent information, not only will it be reported to the NCFMEA, but it may be then a matter to be included in the accreditation process.

For the purpose of our universities and medical schools, we have already established a passing rate for our National Exam of Medical Residencies. This passing rate, along with retention rate and compliance with national standards, is the criteria currently used for accreditation purposes.

Analyst Remarks to Narrative

The country has provided the USMLE pass rates for its medical schools as requested by the Committee, and has stated its commitment to provide such data going forward to the Committee. The data are for years 2009-2011. According to the narrative, it does not appear that the country currently reviews or analyzes those data for the purposes of its accreditation review.

Provide residency placement data for those students who graduated from medical education programs and entered into graduate medical education positions by year for each university.

Country Narrative

Residency placement for students who graduated from medical schools in the Dominican Republic is attached for review (EXHIBIT 25).

Analyst Remarks to Narrative

The country has provided residency placement data for each student who graduated from medical schools in the Dominican Republic in Exhibit 25. The data shows each student, the institution from which they graduated, and their placement. It appears from the list that the data includes only those students that were placed in residencies between 2009-2011. The attachment does not provide information regarding how many students were placed into residency programs, by year, by university.

Country Response

The requested report is attached, which includes residency placement for each school, for the year 2012. This report provides detailed information, by university, regarding how many students graduated in the previous year, how many of those took the National Residency Exam, how many of those passed the exam, and how many of those who passed entered into a residency program (EXHIBIT 2: Residency Placement Data for 2012).

The number of available residencies positions is fewer than the number of eligible candidates. Medical doctors who cannot be placed in a residency program can practice as general doctors, since they have the license by law. If interested in entering into a residency program, they can apply the following year.

Analyst Remarks to Response

The country has provided data regarding residency placement data for 2012 by university. As stated in the country's narrative, graduates are eligible for licensure without taking the residency exam or entering a residency program. The country has provided information regarding how many individuals who take the exam are placed into residencies. It appears that the country was able to place all 923 of its candidates into residencies in 2012.

ADDITIONAL INFO (see attached below)

*The country has provided additional information previously highlighted in the summary portion of the draft staff analysis. Department staff has provided its review of the attached information below:

- 1) The country has provided comprehensive follow-up reports that indicate that it monitors schools during its annual site visits to ensure they remain in compliance with the country's standards.
- 2) The country has provided additional information regarding its review of clinical sites that indicate that site teams may provide additional information on the check box form. The new information indicates that the country did not provide continued recognition of two of ten clinical sites because they did not meet the country's criteria.
- 3) The country has also provided additional information regarding its use of the USMLE data which it now routinely collects from medical schools. The country

indicates that though it collects such data, it relies on passage rates for its nationally administered residency exam as a measure of graduates' success.

Staff Conclusion: Comprehensive response provided
